

MARKHAM WAXERS

HEAD COACH APPLICATION

Contact Information

Name _____

Home Address _____

City _____ Postal Code _____

Preferred Contact Phone Number _____

E-mail _____ Birthdate (DD/MM/YY) _____

Team Selection

1st Choice: Division & Category (e.g., U9 MD, U13 A) _____

2nd Choice: Division & Category (e.g., U9 MD, U13 A) _____

If these positions are not available, are you interested in coaching another team? ☐ Yes ☐ No

Please identify what division and category _____

Do you anticipate having a son/daughter on the team for which you are applying? ☐ Yes ☐ No

If yes, name _____

If your child was not on the team for which you are applying, at what level did he/she last play?

Do you have NCCP Certification? ☐ Yes ☐ No

If yes, at what level? ☐ CHIP ☐ Coach Stream ☐ Development 1 ☐ Development 2 ☐ HP1

Other _____ Date of Certification _____

Are you ☐ Trained or ☐ Certified at the certification level required for the team for which you are applying.

Have you completed:

Respect in Sport for Activity Leaders or Speak Out

☐ Yes ☐ No

Gender Identity and Expression Course?

☐ Yes ☐ No

Police Vulnerable Sector Check? ☐ Yes ☐ No If yes, expiration date_____

PLEASE NOTE: All coaches must have or be prepared to obtain certifications required for position no later than June 1, 2025.

Coaching History

List the last three hockey teams on which you coached, beginning with the most recent.

Dates		Organization/Team/Level	Role
From	To		

Coaching Philosophy and Credentials

Please attach additional information which reflects your hockey background as a coach and as a player. Outline your coaching philosophy. Identify your goals and objectives for the team for which you are applying.

References

Please provide the names and contact information for two hockey-related references (parents, former bench staff, coach, player, etc.) and one non-hockey-related references (business or personal).

1. Hockey Reference

Name _____ Relationship _____

Phone H _____ C _____ E-mail _____

2. Hockey Reference

Name _____ Relationship _____

Phone H _____ C _____ E-mail _____

3. Non-Hockey Reference

Name _____ Relationship _____

Phone H _____ C _____ E-mail _____

Acknowledgements

The Markham Waxers require that the Head Coach acknowledge understanding and responsibility for adherence to the following:

- Coach's Code of Conduct
- Rep Coach Agreement
- OHF Vulnerable Sector Check Process
- Rep Team Manual
- Rep team budget policy
- Return to Play protocol
- On-ice helmet requirement for staff and participants (OMHA Manual of Operations) Mouth and neck guard requirements (OMHA Manual of Operations)
- Arena Safety Plan Requirement

I hereby acknowledge that I understand and acknowledge that I am responsible for ensuring compliance with the above requirements, including all applicable Markham Waxers by-laws, policies, procedures, and requirements of the OMHA Manual of Operations. I understand that only applications considered by the coach selection committee to be suitable will be granted an interview. I agree that the decision of the coach selection committee is final and will hold harmless the committee, Markham Waxers, and/or any other governing body for that decision.

By signing this form, I agree that the Markham Waxers may contact me via email.

If I am accepted to coach, I agree to provide a Police Vulnerable Sector Check and will inform all members of my bench staff that a Police Vulnerable Sector Check must be provided by the established date as a condition of appointment.

Signature: _____ Date: _____

How to Submit Application

1. Mail:

Markham Waxers
6140 Sixteenth Avenue
Markham, ON L3P 3K8
Attention: Stephen Gaunce, VP AAA

2. Email: gaunce@waxers.com

Application Deadline

All applications must be received by December 10, 2025, 4:00 pm.

Applications received after the deadlines will be considered only if positions are available.